



Texas State Board of Dental Examiners

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DENTAL ASSISTANT NAME CHANGE REQUEST FORM

Instructions: This form must be completely filled out. Submit this form along with your check or money order to the TSBDE address listed above. This form requires the legal documentation which reflects the name change (i.e., marriage license, divorce decree, court order, etc.). Please allow two weeks for processing. Check (✓) all permit(s) in which you are requesting.

<input type="checkbox"/> X-Ray \$27 each	How many?	Amount	Total Amount Due
<input type="checkbox"/> Nitrous Monitoring \$27 each	How many?	Amount	

Social Security #:		Registration #:		
Current Information				
First Name		Middle Name		Last Name
New Information: This is how your name will be reflected on your certificates				
First Name		Middle Name		Last Name
Current Address:			City	State Zip
Permanent Address:			City	State Zip:
Work Address:			City	State Zip
Preferred mailing address: (preferred address will be made available to the public)				
<input type="checkbox"/> Current		<input type="checkbox"/> Permanent		<input type="checkbox"/> Work
Daytime Phone #:			Email Address:	
<small>*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.</small>				

I am also including a copy of the legal documentation (i.e., marriage license, divorce decree, court order) **required to make this name change and my non-refundable fee.** *

Signature

Date